



## General

### Guideline Title

Best evidence statement (BEST). Culturally sensitive asthma education.

### Bibliographic Source(s)

Cincinnati Children's Hospital Medical Center. Best evidence statement (BEST). Culturally sensitive asthma education. Cincinnati (OH): Cincinnati Children's Hospital Medical Center; 2013 Apr 25. 4 p. [5 references]

### Guideline Status

This is the current release of the guideline.

## Recommendations

### Major Recommendations

The strength of the recommendation (strongly recommended, recommended, or no recommendation) and the quality of the evidence (1a to 5b) are defined at the end of the "Major Recommendations" field.

It is strongly recommended that health care providers use culturally sensitive educational materials to educate patients with asthma and/or their families, living in urban settings to heighten adherence to proposed treatment (Bailey et al., 2009 [1a]).

#### Definitions:

#### Table of Evidence Levels

Quality Level	Definition
1a† or 1b†	Systematic review, meta-analysis, or meta-synthesis of multiple studies
2a or 2b	Best study design for domain
3a or 3b	Fair study design for domain
4a or 4b	Weak study design for domain
5a or 5b	General review, expert opinion, case report, consensus report, or guideline
5	Local Consensus

†a = good quality study; b = lesser quality study

## Table of Language and Definitions for Recommendation Strength

Language for Strength	Definition
It is strongly recommended that...  It is strongly recommended that... not...	When the dimensions for judging the strength of the evidence are applied, there is high support that benefits clearly outweigh risks and burdens (or visa-versa for negative recommendations).
It is recommended that...  It is recommended that... not...	When the dimensions for judging the strength of the evidence are applied, there is moderate support that benefits are closely balanced with risks and burdens.
There is insufficient evidence and a lack of consensus to make a recommendation...	

Note: See the original guideline document for the dimensions used for judging the strength of the recommendation.

## Clinical Algorithm(s)

None provided

## Scope

## Disease/Condition(s)

Asthma

## Guideline Category

Counseling

Management

Treatment

## Clinical Specialty

Allergy and Immunology

Family Practice

Nursing

Pediatrics

Pulmonary Medicine

## Intended Users

Advanced Practice Nurses

Nurses

Physician Assistants

Physicians

Respiratory Care Practitioners

## Guideline Objective(s)

To evaluate, among patients with asthma living in urban setting, if a culturally sensitive approach to asthma education for patients and/or their families, as compared to a generic approach to asthma education, effects completion of a homecare asthma education program and adherence to treatment

## Target Population

Children ages 2-18 years with asthma and/or their families living in urban settings referred for asthma education

Note: This guideline does not apply to children without asthma or those children with asthma outside urban setting

## Interventions and Practices Considered

Culturally sensitive asthma education

## Major Outcomes Considered

- Completion of a homecare asthma education program
- Adherence to treatment

## Methodology

### Methods Used to Collect/Select the Evidence

Searches of Electronic Databases

### Description of Methods Used to Collect/Select the Evidence

Search Strategy

Databases: PubMed, Google Scholar, eBook Subscription Collection (EBSCO), Medline, Cochrane

Search Terms: pediatric asthma, asthma education, asthma interventions, asthma compliance, asthma adherence, cultural barriers urban education asthma

Limits: 2002 to current

Filters: Dates, English

Date Last Searched: November 13, 2012

# Number of Source Documents

Not stated

# Methods Used to Assess the Quality and Strength of the Evidence

Weighting According to a Rating Scheme (Scheme Given)

# Rating Scheme for the Strength of the Evidence

Table of Evidence Levels

Quality Level	Definition
1a† or 1b†	Systematic review, meta-analysis, or meta-synthesis of multiple studies
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3a or 3b	Fair study design for domain
4a or 4b	Weak study design for domain
5a or 5b	General review, expert opinion, case report, consensus report, or guideline
5	Local Consensus

†a = good quality study; b = lesser quality study

# Methods Used to Analyze the Evidence

Review of Published Meta-Analyses

Systematic Review

# Description of the Methods Used to Analyze the Evidence

Not stated

# Methods Used to Formulate the Recommendations

Expert Consensus

# Description of Methods Used to Formulate the Recommendations

Not stated

# Rating Scheme for the Strength of the Recommendations

Table of Language and Definitions for Recommendation Strength

Language for Strength	Definition
It is strongly recommended that...	When the dimensions for judging the strength of the evidence are applied, there is high support that benefits clearly outweigh risks and burdens (or visa-versa for negative recommendations).

Language for Strength	Definition
It is strongly recommended that... not...	
It is recommended that...  It is recommended that... not...	When the dimensions for judging the strength of the evidence are applied, there is moderate support that benefits are closely balanced with risks and burdens.
There is insufficient evidence and a lack of consensus to make a recommendation...	

Note: See the original guideline document for the dimensions used for judging the strength of the recommendation.

## Cost Analysis

Initially there will be cost for translation and materials development, however return on investment may be realized from improved treatment adherence.

## Method of Guideline Validation

Peer Review

## Description of Method of Guideline Validation

This Best Evidence Statement has been reviewed against quality criteria by two independent reviewers from the Cincinnati Children's Hospital Medical Center (CCHMC) Evidence Collaboration.

## Evidence Supporting the Recommendations

## References Supporting the Recommendations

Bailey EJ, Cates CJ, Kruske SG, Morris PS, Brown N, Chang AB. Culture-specific programs for children and adults from minority groups who have asthma. Cochrane Database Syst Rev. 2009;(2):CD006580. [53 references] [PubMed](#)

## Type of Evidence Supporting the Recommendations

The type of supporting evidence is identified and graded for each recommendation (see the "Major Recommendations" field.)

## Benefits/Harms of Implementing the Guideline Recommendations

### Potential Benefits

Culturally specific asthma education programs resulted in decreased hospitalizations and improved quality of life through asthma knowledge.

### Potential Harms

Not stated

# Qualifying Statements

## Qualifying Statements

This Best Evidence Statement addresses only key points of care for the target population; it is not intended to be a comprehensive practice guideline. These recommendations result from review of literature and practices current at the time of their formulation. This Best Evidence Statement does not preclude using care modalities proven efficacious in studies published subsequent to the current revision of this document. This document is not intended to impose standards of care preventing selective variances from the recommendations to meet the specific and unique requirements of individual patients. Adherence to this Statement is voluntary. The clinician in light of the individual circumstances presented by the patient must make the ultimate judgment regarding the priority of any specific procedure.

## Implementation of the Guideline

### Description of Implementation Strategy

#### Applicability Issues

Health care providers developing culturally specific materials need to take into consideration aspects of culture, religion, and physical features of clients or the population to be served and make allowance for culturally specific health care beliefs and attitudes as well as individual preferences, while avoiding cultural stereotypes. Materials used to teach culture specific asthma care should adhere to organizational policies. In addition to culturally specific materials, provider-client interaction including cross-cultural communication, competence, health literacy promotion as well as an appreciation for diversity will increase the learning potential. Initially there will be cost for translation and materials development, however return on investment may be realized from improved treatment adherence.

### Implementation Tools

#### Audit Criteria/Indicators

For information about availability, see the *Availability of Companion Documents* and *Patient Resources* fields below.

## Institute of Medicine (IOM) National Healthcare Quality Report Categories

### IOM Care Need

Living with Illness

Staying Healthy

### IOM Domain

Effectiveness

Patient-centeredness

## Identifying Information and Availability

## Bibliographic Source(s)

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## Adaptation

Not applicable: The guideline was not adapted from another source.

## Date Released

2013 Apr 25

## Guideline Developer(s)

Cincinnati Children's Hospital Medical Center - Hospital/Medical Center

## Source(s) of Funding

No external funding was received for development of this Best Evidence Statement (BEST).

## Guideline Committee

Not stated

## Composition of Group That Authored the Guideline

*Team Leader/Author:* Lenilyn King BSN, RN, Home Care

*Support/Consultants:* Patti Besuner MN, RN, EBP Mentor; Mona Mansour MD, MS, Division of General & Community Pediatrics; Lisa Crosby, APN, Division of General & Community Pediatric; Susan Wade-Murphy RN, Senior Clinical Director Homecare Services

## Financial Disclosures/Conflicts of Interest

Conflicts of interest were declared for each team member. No financial or intellectual conflicts of interest were found.

## Guideline Status

This is the current release of the guideline.

## Guideline Availability

Electronic copies: Available from the [Cincinnati Children's Hospital Medical Center Web site](#) .

Print copies: For information regarding the full-text guideline, print copies, or evidence-based practice support services contact the Cincinnati Children's Hospital Medical Center Health James M. Anderson Center for Health Systems Excellence at [EBDMInfo@cchmc.org](mailto:EBDMInfo@cchmc.org).

## Availability of Companion Documents

The following are available:

- Judging the strength of a recommendation. Cincinnati (OH): Cincinnati Children's Hospital Medical Center; 2009 May 7. 1 p. Available from the [Cincinnati Children's Hospital Medical Center \(CCHMC\) Web site](#) .
- Grading a body of evidence to answer a clinical question. Cincinnati (OH): Cincinnati Children's Hospital Medical Center; 2009 May 7. 1 p. Available from the [CCHMC Web site](#) .
- Table of evidence levels. Cincinnati (OH): Cincinnati Children's Hospital Medical Center; 2009 May 7. 1 p. Available from the [CCHMC Web site](#) .

Print copies: For information regarding the full-text guideline, print copies, or evidence-based practice support services contact the Cincinnati Children's Hospital Medical Center Health James M. Anderson Center for Health Systems Excellence at [EBDMInfo@cchmc.org](mailto:EBDMInfo@cchmc.org).

In addition, suggested process or outcome measures are available in the [original guideline document](#) .

## Patient Resources

None available

## NGC Status

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